

Dear Parent /Guardian,

If you wish your child to compete for Cronulla High School at the **2021** Sydney regional Interschools skiing and snowboarding championships to be held at **THREDBO** ski resort this year, please read the following and return the permission slip to Mr Colliss or Mr Schmalfeld.

Accommodation and transport to and from the events are parents' responsibility. Students will only be supervised by teachers at the events at which we manage the team. I may need to ask parents to manage other teams when clashes occur.

*Note: Division 1 = Yrs 11-12, Div. 2 = Yrs 9-10, Div. 3 = Yrs 7-8*

**Event dates are as follows:**

**Wednesday July 7: Snowboard GS (All), Boardercross (Div. 1, 2 and 3)**

**Thursday July 8: Alpine (Div 1 and 3), Skicross (Div 2)**

**Friday July 9: Alpine (Div 2), Skicross (Div 1 and 3)**

You will need to be at the meeting point (tba) by about 8 am in time for course inspection.

**Please Note – Helmets (and wrist guards for boarders) are compulsory for all events and recommended at all times!**

**Compulsory participant waivers and other information on events are available at [interschools.com.au](http://interschools.com.au)**

**Important Information:** In the event of injury, no personal injury insurance cover is provided by the NSW Department of Education for students in relation to school sporting activities, physical education lessons or any other school activity. Parents and caregivers are advised to assess the level and extent of their child's involvement in the snow sport program offered by the school when deciding whether additional insurance cover is required. Personal accident insurance cover is available through normal retail insurance outlets.

Parents who have private ambulance cover need to check whether that cover extends to interstate travel and make additional arrangements as considered appropriate.

The NSW Supplementary Sporting Injury Benefits Scheme, funded by the NSW Government, provides limited cover for serious injury resulting in the permanent loss of a prescribed faculty or the use of some prescribed part of the body. Further information can be obtained from [www.sportinginjuries.com.au](http://www.sportinginjuries.com.au) Further information regarding student accident insurance and private health cover is provided at: [http://www.sports.det.nsw.edu.au/spguide/activities/general/med\\_insurance.php](http://www.sports.det.nsw.edu.au/spguide/activities/general/med_insurance.php)

**Medical Assistance:** I understand that the teacher in charge of the excursion will seek medical aid for my daughter/son/ward should he/she deem this necessary. I further understand that medical aid if it is considered necessary may be sought by a qualified ski patroller from a ski resort.

The personal information provided on this permission note, will be used by the Department of Education for general administration and communication and other matters of welfare relating to your child at this event. The provision of this information is voluntary but your child may not be able to participate if it is not provided. This information will be stored securely and may be amended at any time by contacting the team management.



## INTERSCHOOLS REGIONAL SNOWSPORTS COMPETITION 2021

If you wish your son/daughter to attend, please return the attached note together with payment of registration \$40 and race fees (\$49 per event.) Payment may be made by cheque to Cronulla High School, cash or card at the front office.

All staff members attending the excursion will have Emergency Care qualifications. One or more staff members attending the excursion will have CPR qualifications if required.

*Any student who has **ASTHMA, DIABETES, EPILEPSY OR ALLERGIES** must carry their own medication.*

**Murray Colliss**  
Interschool Coordinator



### PERMISSION NOTE

**Please complete and return this note to Mr Colliss by Friday 31 May 2021.**

I give my consent for my son/daughter ..... in Year .....  
to compete in the Regional skiing and snowboarding championships at **THREDBO** from 5-9 July 2021.

I give permission for my child to be transported to the events in teachers' private cars if required.

Enclosed is payment of \$ .....for registration/awards \$40 and race fees (\$49 per event)  
ie 1 event = \$89 2 events = \$138 etc

Event 1: ..... Division .....

Event 2: ..... Division .....

Event 3: ..... Division .....

Does your child have any medical conditions or special needs of which we should be aware? If so please give details (allergies, asthma, diabetes, epilepsy)

*Any student who has **ASTHMA, DIABETES, EPILEPSY OR ALLERGIES** must carry their own medication.*

Parent/Guardian name: ..... Relationship: .....

Mobile No: ..... Email: .....

Medicare number: ..... Expiry date: .....

I have read and agree to participant waiver conditions on the 'interschools' website

Signature: ..... Date: .....

(Parent/Guardian

**194912**